

OSCAR REPORT 3
HISTORY FACILITY PROFILE

INFINIA AT OGDEN
524 EAST 800 NORTH
OGDEN UT 84404
STATE'S REGION CODE: 001

PROVIDER #: 465065
PHONE NUMBER: (801) 782-3740
PARTICIPATION DATE: 07/18/1977 CERTIFIED: 85

FACILITY BEDS
TOTAL: 85
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/18/2002

TOTAL: 57
MEDICARE: 8
MEDICAID: 37
OTHER: 12

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 85

18 18/19 19 ICF/MR
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12 73

CURRENT SURVEY REVISIT DATES - 02/19/2003

PRIOR 3 SURVEY 04/2000	S/S CODE	PRIOR 2 SURVEY 06/2001	S/S CODE	PRIOR 1 SURVEY 01/2002	S/S CODE	CURRENT SURVEY 12/18/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E								REQ F0224-FACILITY PROHIBITS ABUSE, NEGLECT
X	E								REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	B						REQ F0241-DIGNITY
X	B					X C	B	01/31/2003	REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT
				X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	G				REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
				X	D				REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	D				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
				X	D				REQ F0322-PROPER CARE & SERVICES FOR RES W/ NG TUBE
X	E								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
				X	E				REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE
X	E			X	D	X C	D	02/18/2003	REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	D				REQ F0332-MEDICATION ERROR RATES OF 5% OR MORE
				X	E				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	D						REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
X	B								REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
X	D	X	E						REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
						X C	E	01/31/2003	REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
						X C	B	01/31/2003	REQ F0430-REPORTS OF IRREGULARITIES ARE ACTED UPON
X	E								REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY
						X C	E	02/18/2003	REQ F0463-RESIDENT CALL SYSTEM
		X	E						REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES
									REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN

NOTE: IF A 'P' IS PRESENT NEXT TO PROVIDER NUMBER, THEN THE RECORD IS PENDING.

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 85 EXIST

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION

02/2000 06/2001 01/2002 12/17/2002

X X X X C 02/16/2003
X X X N
X
X

X N
X C 02/16/2003

X
X C 01/15/2003

X X X

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
K0025-SMOKE PARTITION CONSTRUCTION
K0038-EXIT ACCESS
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0060-SPRINKLER ALARM SYSTEM
K0069-COOKING EQUIPMENT
K0076-MEDICAL GAS SYSTEM
K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	5	4	8	8
HEALTH TOTAL	5	4	8	8
LIFE SAFETY CODE	5	4	5	2
LIFE SAFETY CODE + HEALTH	10	8	13	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
02/19/2003	SUBSTANTIATED
04/30/2003	UNSUBSTANTIATED
06/09/2003	UNSUBSTANTIATED
06/17/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY